

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	g. b.		2/24/00
<b>O.I.P.E. CLASSIFIER</b>	10		3/17
<b>FORMALITY REVIEW</b>	DB	65373	3/17/00
<b>RESPONSE FORMALITY REVIEW</b>			
			2/24/00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	2/24/00
Original	2/24/00
1	✓ ✓ ✓
2	✓ ✓ ✓
3	✓
4	✓
5	✓
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7	✓
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22	✓
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Claim	Date
Final	2/24/00
Original	2/24/00
51	✓
52	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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